

OSCAR REPORT 3
HISTORY FACILITY PROFILE

BUNGALOW CARE CENTER PROVIDER #: 46G021 P FACILITY BEDS TYPE ACTION: RECERTIFICATION
645 SOUTH 1300 EAST PHONE NUMBER: (801) 582-1457 TOTAL: 26
SALT LAKE CITY UT 84102 PARTICIPATION DATE: 10/12/1989 CERTIFIED: 26 TYPE OWNERSHIP: PRIVATE NON PROFIT
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 06/04/2003	LTC AGREEMENT DATES	TOTAL CERTIFIED BEDS: 26
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TOTAL: 26	BEGINNING: 10/01/2003	18 18/19 19 ICF/MR
MEDICARE: 0	ENDING: 09/30/2004	-- ----- --
MEDICAID: 0	EXTENSION:	26
OTHER: 0	ADMISSION SUSPENDED:	
	SUSPENSION RESCINDED:	

CURRENT SURVEY REVISIT DATES - 07/14/2003

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
09/2000	10/2001	10/2002	06/04/2003		
X	X				STD W0109-COMPLIANCE WITH SANITATION LAWS
	X	X			STD W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
X					STD W0130-PRIVACY DURING CARE AND TREATMENT IS ENSURED
	X				STD * W0159-ACTIVE TREATMENT PROGRAM COORDINATED BY QMRP
X					STD * W0196-EACH CLIENT MUST RECEIVE ACTIVE TREATMENT PROGRAM
		X			STD W0325-ANNUAL PHYSICAL INCLUDES ROUTINE LABORATORY EXAMS
		X			STD W0339-NURSING SERVICES INCLUDES OTHER CARE AS PRESCRIBED BY PHY
		X			STD W0368-DRUGS ADMINISTERED IN ACCORDANCE WITH PHYSICIANS ORDERS
	X				STD W0369-ALL DRUGS ADMINISTERED WITHOUT ERROR
	X				STD W0390-OUTDATED DRUGS REMOVED FROM USE
	X				STD W0391-DRUG CONTAINERS WITH WORN, ILLEGIBLE LABELS REMOVED FROM
		X			STD W0420-APPROPRIATE, FUNCTIONAL FURNITURE
X					STD W0434-FLOOR SURFACES PROMOTE MAINTENANCE OF SANITARY CONDITIONS
X					STD W0454-SANITARY ENVIRONMENT TO AVOID INFECTION
			X C	07/11/2003	STD * W0460-CLIENTS RECEIVE NOURISHING, WELL - BALANCED DIET
X					STD W0472-FOOD SERVED IN APPROPRIATE QUANTITY
	X				STD W0478-MENUS PROVIDE VARIETY OF FOOD AT EACH MEAL
X					STD W0481-MENUS FOR FOOD ACTUALLY SERVED KEPT FOR 30 DAYS
			X C	07/11/2003	STD W0484-AREAS EQUIPPED WITH TABLES, CHAIRS TO MEET NEEDS OF CLIE
			X C	07/11/2003	STD W0486-STAFF DIRECT SELF - HELP DINING PROCEDURE

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.
C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
09/2000	10/2001	10/2002	06/04/2003		
X			X C	07/09/2003	K0018-CORRIDOR DOORS
			X C	06/20/2003	K0027-DOORS IN SMOKE PARTITIONS
		X			K0051-FIRE ALARM SYSTEM
		X	X F		K0056-AUTOMATIC SPRINKLER SYSTEM
		X	X C	06/30/2003	K0062-SPRINKLER SYSTEM MAINTENANCE
	X				K0069-COOKING EQUIPMENT
X					K0074-COMBUSTIBLE CURTAINS
X	X	X	X F		K0104-PENETRATIONS OF SMOKE BARRIERS
X	X	X			K0130-OTHER

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TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
STANDARD	3	5	7	7
REGIONAL OFFICE FLAG (INCLUDES COPS)	1	0	1	1
HEALTH TOTAL	3	5	7	7
LIFE SAFETY CODE	5	5	3	4
LIFE SAFETY CODE + HEALTH	8	10	10	11

STATUS OF DEFICIENT COPS
CURRENT SURVEY

DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
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COP 0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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03/06/2002	UNSUBSTANTIATED
10/02/2002	UNSUBSTANTIATED
11/27/2002	UNSUBSTANTIATED
04/28/2003	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY